

OAK PARK AND RIVER FOREST HIGH SCHOOL

201 NORTH SCOVILLE AVENUE • OAK PARK, IL 60302-2296

Student's Name: _____ Student ID: _____ Date: _____

For New/Transfer students only: Residency ID (assigned by Registrar) _____

ENROLLMENT CHECKLIST:

___ **NEW STUDENT**

___ **RETURNING STUDENT**

- 1. Submitted Online Enrollment
- 2. Does the above student have any siblings currently attending OPRF? Yes ___ No ___
 - Student's Name: _____ Grade: ___ ID# _____
 - Student's Name: _____ Grade: ___ ID# _____
 - Student's Name: _____ Grade: ___ ID# _____
- 3. For incoming freshman and transfers only: Original Birth Certificate for the student
- 3. For incoming freshman and transfers only: Illinois State Physical Exam (Approved: _____)
- 4. Transcripts / Illinois State Transfer Form / 8th grade Explore scores

RESIDENCY VERIFICATION DOCUMENTS:

- 6. Category A – One (1) required:
 - Real estate tax bill
 - Signed, current lease (Expiration date: _____)
 - Mortgage document or statement
 - Residency Attestation
 - Military Housing letter
 - Section 8 letter
 - Change of Address (New address: _____)
- 7. Category B – Four (4) required:

<ul style="list-style-type: none"> <input type="radio"/> Gas bill <input type="radio"/> Electric bill <input type="radio"/> Water/sewer bill <input type="radio"/> Phone bill <input type="radio"/> Cable bill <input type="radio"/> Vehicle registration <input type="radio"/> Auto insurance policy <input type="radio"/> Home/renters insurance policy <input type="radio"/> Voter registration card 	<ul style="list-style-type: none"> <input type="radio"/> Bank statement <input type="radio"/> Public aid card <input type="radio"/> Medicaid card <input type="radio"/> Food stamp card <input type="radio"/> Credit card statement <input type="radio"/> Pay check stub <input type="radio"/> City sticker receipt <input type="radio"/> Driver's license/State ID <input type="radio"/> Other: _____
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- 8. Affidavit of Custody and Control or Proof of Guardianship, if applicable.

-----FOR OFFICE USE ONLY-----

Grade: _____ Student ID: _____ Counselor: _____ Verified by: _____